

# SCUTTLEBUTT

## Naval Hospital Camp Lejeune

FEBRUARY 2011

*One of the first NHCL staff members to donate blood platelets using the Blood Donor Center's new, state-of-the-art technology, Hospital Corpsman 2nd Class Marcus Edwards, laboratory technician, sits back and enjoys watching American Gangster while taking part in apheresis collection Jan. 12.*

U.S. Navy photo by Hospitalman Bryan J. Accvedo

**INSIDE: Leading military medicine with new platelet technology — Let NHCL pay your health care costs**

# From the CMC's desk

Greetings to the Naval Hospital Camp Lejeune family and Happy Valentine's Day!



It's hard to believe the holiday season has come and gone and here we are - already into the second month of 2011. Hopefully by now, you are well on your way to achieving the goals you've set for yourself here in 2011. I've spent a lot of time speaking with our newest Sailors and helping them set their goals. I am always impressed by their maturity as they have a very good idea about what they want to do in life. These young men and women joined the Navy in an effort to improve their lives, find

a skill, and serve their nation; what a refreshing thing it is to talk with them!

All too often however, their dreams are derailed by the realities of growing up in the Navy and the realization that some goals are more difficult to achieve than initially imagined. Here's where **MENTORSHIP** is so important! Sailors need to find mentors and equally as important, mentors need to find Sailors. Engaged leadership means asking questions and getting to know each other. Through the use of effective mentorship and command leadership, we can help Sailors stay on the right track and ultimately see them achieve their dreams.

February brings us closer to the summer deployment of many of our active duty staff members along with Marines and Sailors from across the base. Incredibly, each of you continues to work at an amazing pace to fill the gaps left behind. Not a day goes by when a patient doesn't stop me in the passageway to tell me about the wonderful experience they had here at NHCL. Delivering the "experience" is what you do every day and I thank you for that!

You also help through the contribution of your time and effort to the Naval Hospital Family Readiness Group, Jacksonville USO or any of the organizations supporting the efforts of our deployed warriors and for that, you have my gratitude.

I am extremely proud to serve as your Command Master Chief and look forward to another great year of "Taking care of the Guardians of Peace."

Hoo-Yah shipmates!

Terry J. Prince (FMF/SW/AW)  
Command Master Chief  
Naval Hospital Camp Lejeune



[www.facebook.com/nhclejeune](http://www.facebook.com/nhclejeune)

## NHCL welcomes first baby of 2011



*Proud parents of Raiden Joshua Tellez, born Jan. 1 at 11:08 AM, celebrate their New Year's gift with Capt. Daniel Zinder, commanding officer, Naval Hospital Camp Lejeune, and NHCL staff.*

## scut-tle-butt

n.

1. Slang for spoken communication; through the grapevine

2. Nautical

a. A drinking fountain on a ship; gathering place

b. A forum for NHCL staff to get 'insider info'

## SCUTTLEBUTT



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## NHCL honors 31 individuals in command awards ceremonies



U.S. Navy photo by Hospitalman Bryan J. Acevedo

**A**chievements included:

- Meritorious Service Medal;
- Navy Commendation Medal;
- NATO International Security Force Medal;
- Member of the Year;
- Civilian of the Quarter;
- Sailor of the Quarter;
- Letter of Commendation; and,
- Length of Service Award.



U.S. Navy photo by Hospital Corpsman 2nd Class Janine Beaufort



U.S. Navy photo by Hospitalman Bryan J. Acevedo

**H**ard work paid off for 31 Naval Hospital Camp Lejeune staff members recognized during ceremonies held on Jan. 13, 14 and 18.

**S**everal Sailors returning from deployments were also recognized for their service with a certificate and a coin from Capt. Zinder, commanding officer, Naval Hospital Camp Lejeune.

**Bravo Zulu NHCL staff!**



# NHCL leads military medicine

By Anna Hancock  
NHCL Public Affairs

You don't have to travel far to save a life of a Marine in Afghanistan or be a neonatologist to help treat a premature baby with a brain hemorrhage. You can change the lives of these critically-ill patients in need of blood platelet transfusions by visiting the Blood Donor Center at Naval Hospital Camp Lejeune (NHCL), and donating platelets through NHCL's precedence setting blood platelet collection process.

NHCL is the first Department of Defense military treatment facility (MTF) and second blood center in the nation to collect apheresis blood platelets using two key advances in medical science and technology: an AMICUS Separator and InterSol. The AMICUS Separator is a state-of-the-art piece of blood platelet collection equipment. InterSol is a new, Federal Drug Administration (FDA) approved platelet additive solution (PAS).

"NHCL leadership identified the need for apheresis platelet collections and challenged the Blood Donor Center to start up a program," said Navy Lt. Cmdr. Jonathan Hoiles, director, Blood Donor Center. "After extensively researching the market, the AMICUS Separator and Intersol were the two most state-of-the-art and cost effective technologies."

The donation process is fairly simple. During an apheresis collection, the AMICUS Separator extracts whole blood from the donor's arm and sends the blood through sterile tubing into a centrifuge. The centrifuge then spins the blood until it separates into three components: red cells, plasma and platelets.

Following the donation, the donor's blood platelets are suspended in a mix of 65 percent InterSol and 35 percent plasma. This is the most significant difference from traditional apheresis collection processes in which platelets are suspended in 100 percent plasma. The reduced volume of plasma in the platelet product allows for a host of benefits to the platelet transfusion recipient and to the blood center.

For the platelet transfusion recipient, the suspension mix reduces the risk of allergic reactions and Transfusion Related Acute Lung Injury (TRALI). TRALI is the leading cause of transfusion related deaths and the number one safety concern of all blood donor centers.

"Patient safety and process improvements are always our top priorities," said Hoiles.

Lt. Cmdr. Elizabeth Grasmuck, medical director, Blood Donor Center, explained that the majority of platelet transfusions

done at NHCL are to support the Labor and Delivery Department patients.

With a Labor and Delivery Department that delivers an average of six babies a day, NHCL staff identified the need to have platelets on hand, should an emergency arise. Typically, platelets are requested by doctors once every two weeks.

"In general, platelets are transfused to patients who have a low platelet count, damaged platelets, or need platelets to assist with the normal blood clotting processes," Grasmuck added.

Grasmuck further explained how the on-site process benefits the rare trauma or critical care patient in need of platelets in order to stabilize him or her prior to transport for treatment at a larger medical facility.

"Having the technology on-site reduces the time patients in need of blood platelets wait to receive platelet transfusions from an average of five hours down to just a few minutes," said Grasmuck.

In the past, blood center staff sent a courier to local community hospitals or blood suppliers as far as Norfolk, Va., to pick up platelets. This trip ranged from four to six hours and was done after a doctor identified the need for a transfusion.

This new process also gives the donor and the center the options to donate and collect multiple blood products in a single donation.

"By storing platelets in the platelet additive solution, we are able to collect platelets and collect more plasma into a second container," said Hoiles. "Then we can store the platelets for NHCL patients, freeze the plasma, and ship the plasma to the operational theater."

But the transfusion recipient and the Blood Donor Center are not the only benefactors of this advantageous process.

Because the red blood cells are returned to the donor, the donor typically feels less fatigue after a platelet donation as compared to a whole blood donation.

Hospital Corpsman 2nd Class Marcus Edwards, NHCL laboratory technician, and one of the first platelet donors to experience the new procedure, describes the process as 'relaxing' then noted how the process takes longer than an average red blood cell donation.

"At my appointment, I filled out paperwork, discussed the process with the staff and got started," said Edwards. "There was only one needle inserted into my arm. The entire process took about two hours, compared to about 20 minutes for a red blood cell donation, but I was able to sit in a comfortable environment and enjoy a movie on the center's portable DVD player."



# ine with platelet collection

Official guidance encouraging MTF Commands to support blood and platelet donations can be found online on the Armed Service Blood Program web site at [www.militaryblood.dod.mil](http://www.militaryblood.dod.mil).

To donate or find out more information, email NHCL's Blood Donor Recruiter, Cal Glazier at [nhclblooddonorrecruiter@med.navy.mil](mailto:nhclblooddonorrecruiter@med.navy.mil).



*Left: Naval Hospital Camp Lejeune's Blood Donor Center's recent acquisition of the AMICUS Separator, a state-of-the-art blood platelet collection device, coupled with the new, Federal Drug Administration approved Intersol, a platelet additive solution, places NHCL at the forefront of military medicine.*

*Middle and below: April Daniels, phlebotomist, begins the process of collecting three blood products through a single needle then tests and verifies that each apheresis collection exceeds the standards for a potential transfusion.*



After the apheresis process was complete, Edwards noted feeling completely normal.

Now that the Blood Donor Center has the ability to collect platelets, the biggest challenge foreseen by staff is getting donor participation. The shelf life for blood platelets is considerably less than red blood cells, which can last between 35 – 42 days, and fresh plasma, which when frozen, is good up to one year. Platelets only last up to five days.

The body's quick replenishment of platelets and plasma also enables donors to give platelets more frequently than whole blood. Platelets can be donated at NHCL once every two weeks, not to exceed 24 times in a 12 month period.

Lt. Cmdr. Hoiles encourages everyone who is able to donate platelets, particularly those who are blood type AB.

"Blood group AB, representing only 4% of the population, is the universal plasma and platelet type and can be given to any patient," said Hoiles. "I encourage potential donors to contact NHCL or the nearest blood center in the Armed Services Blood Program to see how they can donate blood. Each donation is a gift of life."

## Donor requirements

- At least 110 pounds
- At least 17 years of age
- Have been feeling well for at least three days
- Well hydrated
- Have eaten something prior to donating
- Have not taken aspirin for 72-hours prior
- Have not taken Advil for 24-hours prior

# HOSPITAL ROUNDS

## Free health resources!

Whether you want to quit tobacco, lose a few pounds, add exercise to your life, or understand diabetes or cardiovascular disease, the Naval Hospital Camp Lejeune Health Promotion and Wellness Department is here to help. Health Promotions is committed to providing you with all of the health-related information you need to make informed decisions that contribute to your well-being.

The following classes are offered to all military beneficiaries and DOD employees:

Healthy Heart  
Weight Wise  
Diabetes Management  
Healthy Cooking  
Tobacco Cessation  
Pregnancy Exercise Program  
Infant Care Class  
Siblings Class  
Lamaze Class  
Early Pregnancy  
Gestational Diabetes

For more information or to register for a class, please call 451-3712. The Health Promotion and Wellness Department is located in building four.

## NHCL staff took the Polar Plunge



U.S. Navy photo by Hospitalman Bryan J. Acevedo

Chief Hospital Corpsman Sonya Hamrick, Mental Health Department; Electrician's Mate 1st Class John Little, Facilities Department; Brad Wolf, Mental Health Department; Capt. Daniel Zinder, commanding officer, NHCL; Hospitalman Caitlyn McClure, Mental Health Department; and Suzanne Bruce, Mental Health Department; dry off from jumping into 45 degree Fahrenheit water on a frigid 37 degree morning on Jan. 8. Twelve NHCL staff members teamed up to take the plunge and raised \$834.00 for the Special Olympics of Onslow County.

## Avoid the pink slip!

By Chief Hospital Corpsman (FMF/SW) Carlton Beall  
Security Office

If it is on your car, it is an Armed Forces Traffic (AFT) citation issued by NHCL Security or PMO. Armed Forces Traffic citations are issued for violations of BO 5560.2M and NAVHOSPCAM-LEJINST 5560.1P.

### What are the reasons AFT citations are issued?

Citations are mostly for parking violations such as: **staff parked in patient parking; fire lane; loading and unloading area; within 15 feet of fire hydrant; unauthorized area; handicapped parking without placard or tag displayed; passed time limit authorized in time designated space.**

### What do I need to do if I receive an AFT citation?

You need to report to Base Traffic Court on Molly Pritcher Rd. You can either report on the date and time indicated on the traffic citation or you can report to base traffic court between 10:00 AM — 3:30 PM Monday thru Friday, prior to the date indicated on traffic citation. The latter option is likely the quickest.

### Do I have to report to Base Traffic Court?

Yes, failure to report to Base Traffic Court could result in suspension of base driving privileges.

### If parking is so bad at the command, why are parking regulations being so strictly enforced?

Parking regulations help identify the need for additional parking spaces.

## ED exceeds CDC benchmark

By Jamie Nielsen  
Emergency Department



NHCL's Emergency Department staff worked tirelessly to reduce patient wait times and overall length of stay throughout last year and early 2011. During the month of December, the percentage of patients who left after they checked-in, but prior to treatment or evaluation by a provider, called left without being seen (LWBS), was 2.68%, thus exceeding the Center for Disease Control standard of 3% or less! Recognizing that this is a common occurrence within every hospital emergency department, ED staff attributed this accomplishment to initiating certain treatments and diagnostic testing based on the patient's chief complaint during triage. **Great job ED team!**

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# TRICARE to extend dependent coverage to age 26

By Donna Miles  
American Forces Press Service

To ensure military families don't get left out as the new national health care reform law extends parent's health insurance to their children up to age 26, TRICARE plans to roll out its new Young Adult Program by spring and to provide an option to make coverage retroactive to Jan. 1.

The new program will allow qualified, unmarried military children up to age 26 to buy health care coverage under their parents' TRICARE plans through age 26, defense officials announced yesterday. That's up from the current maximum age of 21, or 23 for full-time college students whose parents provide more than half their financial support.

The fiscal 2011 National Defense Authorization Act President Barack Obama signed Jan. 7 gave the Defense Department the authority it needed to extend TRICARE coverage to young adults, TRICARE spokesman Austin Camacho explained. This ensures benefits extended under TRICARE are in line with those all American families receive under the Patient Protection and Affordable Care Act that took effect in March.

"We've been working hard to make sure we could put TRICARE Young Adult on a fast track," said Navy Rear Adm. (Dr.) Christine Hunter, who heads the TRICARE Management Activity.

Qualified young adults who don't have access to employer-sponsored health care coverage will be eligible to purchase it through TRICARE on a month-to-month basis, Camacho said.

Details about how much those premiums will cost under the new program still are being finalized. But because the 2011 defense authorization specifies that the rates must cover all program costs, Camacho said, premiums will be based on commercial insurance data about the costs of providing care.

"The premium allows us to provide the excellent benefit to our military families while responsibly addressing the impact of health care costs on the DOD budget," she said.

Meanwhile, the TRICARE staff has moved into overdrive to iron out the program details: determining eligibility and coverage criteria and costs; designing, testing and implementing the required software and systems changes; updating eligibility databases; and crafting education efforts, Camacho said.

Officials plan to roll out the new program in two phases, first offering a premium-based TRICARE Standard/Extra benefit, Camacho said. Then, later this year, they plan to introduce the TRICARE Prime and TRICARE Prime Remote plan, including overseas options, and the Uniformed Services Family Health Plan.

Cost shares, deductibles and catastrophic caps will vary, based on the plan selected and the sponsor's status.

For more information about eligibility, coverage and costs, visit [www.tricare.mil](http://www.tricare.mil).

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## Let NHCL pay for your health care!

By Bobbi Cavender  
Uniform Business Office

Do you want to save money? Would you like someone else to pay your deductibles or copays?

If you answered **YES** to the questions above, Naval Hospital Camp Lejeune can help you receive these money-saving benefits given to you through the Other Health Insurance Program!

If you are a retiree, family member of a retiree, or family member of an active duty member, are covered by a commercial insurance policy other than TRICARE, and receive eligible health care services at NHCL, the **Naval Hospital will:** bill your insurance company directly; pay your deductibles or copays for outpatient services received at NHCL; and absorb the costs not covered by private insurance companies.

Not only will your medical services be paid for and the billing amounts be applied to your deductible, but you will be contributing to the enhancement of the Naval Hospital! If there are

any monies left over, they will supplement the Naval Hospital's budget and may be applied to purchasing supplies, materials or new or upgraded equipment; improving the physical spaces with the hospital; or even hiring new medical personnel!

### It's easy for you and the hospital to receive these benefits!

When you check-in for your appointment, tell the front desk personnel that you have insurance coverage in addition to TRICARE, and fill out and sign the Third Party Collection Program/Medical Services Account/Other Health Insurance (DD2569) form. You only need to fill out the DD2569 once a year and your savings will be good for the entire year. Just be sure to let the front desk personnel know if you change, add or delete your policy to maintain your eligibility.

Virtually all outpatient health care services are included in this program, including: clinic visits, pharmaceutical services, labs and radiology visits. If you have any questions, ask the front desk personnel at your next appointment and they will point you in the right direction to start saving money right away!



# CONSTRUCTION UPDATE

By Pat Alford

## Organizational Growth and Development

The Naval Hospital Camp Lejeune construction project continues to progress with site preparation on a portion of the new outpatient wing and the

*Future staff parking lot located between current staff lot on Hospital Corps Blvd and the hospital barracks.*



future staff parking lot expansion. The next major steps will be the drilling of three test sites for the pilings that will support the new structures; the contractor certification of the test sites; and the completion of 600 auger-cast-pilings over the next few weeks at the rate of 20 — 25 per day.

As you may have also seen throughout the month of January, the temporary modular kitchen facilities have been delivered. The galley staff members are currently preparing the temporary facilities for an anticipated shift of food service operations from the current galley to the temporary facilities in March;

however, this date is subject to change.

Information regarding future moves associated with hospital renovations and construction will be available on the command Intranet, in *Scuttlebutt* and/or on NHCL's Facebook page. Due to the dynamic nature of construction, notifications will be given as soon as they become available.



*Temporary galley facilities located behind classrooms A, B and C.*

Photo by Pat Alford

## NHCL Corpsman trying out for a chance to win the boxing Gold

*The following is an excerpt from an article courtesy of The Globe, written by Russell Varner, sports editor, on Jan. 6.*

It's hard to imagine exactly how Brandon Wicker (pictured) got to where he is today. Six years ago, he was just going through the motions in college. Long before that, he was a 230-pounds 12-year-old. Today, he is a hospital corpsman in the United States Navy attempting to make the All-Navy Boxing Team for the second year in a row, and ultimately a chance to tryout for the 2012 Olympic Boxing Team.

Today, Seaman Wicker spends a majority of his time working at NHCL. When he isn't there though, he can often be found in a boxing ring, where Wicker has earned a 41-13 record and has won numerous awards, including a Jr. Olympic International Championship gold medal, a Jr. Olympic National Championship silver medal and a championship achievements award from USA Boxing – New England in 2008 for his numerous achievements in amateur boxing.

"Being disciplined, being able to go to the gym every day,



train, spar and get up the next day and do it again, it's just like getting up early in the morning to come, go to work, somebody telling you what you need to be doing, standing inspection, doing duty," he continued. "The boxer going to the gym every day is working just as hard as the corpsman, or anybody in the Navy. That's what really helped me be a sailor."

If Wicker wins a spot on the All-Navy Boxing team, he gains a chance to take part in the Armed Forces Tournament. If he wins his weight division, he will be awarded a tryout for the 2012 Olympic Boxing Team.

This year, Wicker says he won't change the way he fights very much, despite last year's disappointing tournament results. He believes that his combination of confidence, speed and power, along with a new perspective on the tournament itself, should be enough to push him deep into the tournament.

"I want to come back with a gold medal," he said. "My chain of command is banking on me. I can't let them down. They gave up a corpsman that works here every day."

U.S. Navy photo by Hospitalman Bryan J. Acevedo